

IRO REVIEWER REPORT TEMPLATE -WC



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Notice of Independent Review Decision

Date notice sent to all parties: 2/8/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral C2-C4 MBB

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas Licensed, Board Certified Anesthesiologist.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 1/10/13 and 1/23/13 denial letters and reports
2. 10/17/12 Corrected worker's comp status report and notes
3. 11/6/12 ETMC Evaluation
4. 12/5/12 Worker's comp status report and notes
5. 12/11/12 Radiology reports
6. 12/13/12 Worker's comp status report and notes
7. 1/3/13 Worker's comp status report and notes
8. 1/7/13 Worker's comp status report and notes
9. 10/17/12 Health record
10. 1/2/13 Discharge summary

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured xx/xx/xx after slipping and falling. The diagnosis was cervical facet syndrome with cervicogenic headaches. The examination shows some neck pain bilaterally, right worse than left, which worsened with axial movements. Treatments have included physical therapy, TENS, Meloxicam, Flexeril, Advil, and Tramadol.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has symptoms that suggest that they indeed may be facet mediated. Conservative treatment has failed. The examination shows some neck pain worse with axial movements. The MRI fails to show any facet pathology. This however, is a relatively late sign, and one that would not be expected to be seen so soon after her injury. In the early stages of facet mediated pain, the facet joint may be normal on the MRI. Thus, the MRI is not a strong enough diagnostic tool to rule out facet mediated pathology at this point. In addition, the MBB is a diagnostic intervention, designed to confirm the clinical presentation.

The intervention recommended by the provider is reasonable.

According to the ODG, this patient qualifies for the requested diagnostic Medical Branch Block. The prior review is overturned also based on the ODG: "There is no current proof of a relationship between radiologic findings and pain symptoms. The primary reason for imaging studies is to rule out a neurological etiology of pain symptoms."

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)